

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

[] Submitted with Initial Filing

[] Submitted after Initial Filing
(Surcharge (37 CFR 1.16(e)) required)

Attorney Docket No.: 38334

Application Number: _____

First Named Inventor: GOSSELIN Florian et al.

Filing Date: _____

Group Art Unit: _____

Examiner Name: _____

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MANUAL SIMULATION INTERFACE

the specification of which (check only one item below)

☐ is attached hereto,

OR

☒ was filed on (MM/DD/YYYY) December 15, 2003 as United States Application Number or PCT International Application Number PCT/FR03/50170 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d), or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

<u>Country</u>	<u>Prior Foreign Application Number(s)</u>	<u>Foreign Filing Date (MM/DD/YYYY)</u>	<u>Priority Claimed?</u>
FRANCE	03 00294	January 13, 2003	<input checked="" type="checkbox"/> <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

<u>Provisional Application Number(s)</u>	<u>Filing Date (MM/DD/YYYY)</u>
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I hereby claim the benefit under 35 U.S.C. 120, of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>U.S. Parent Application or PCT Parent Number</u>	<u>Parent Filing Date (MM/DD/YYYY)</u>	<u>Parent Patent Number (if applicable)</u>
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As a named inventor, I hereby appoint each of the following as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all correspondence to Customer Number 000,116.

Please direct all correspondence and inquiries to Jeffrey J. Sopko at (216) 579-1700.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1) Inventor Name (sole or joint): GOSSELIN Florian

Signature: 

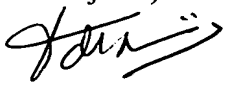
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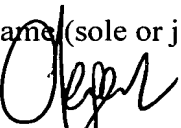
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- (4) Inventor Name (sole or joint):

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Date: _____

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Post Office Address: _____

- (5) Inventor Name (sole or joint):

Signature: _____

Date: _____

Citizenship: _____

Residence (City, State, Country): _____

Post Office Address: _____

- (6) Inventor Name (sole or joint):

Signature: _____

Date: _____

Citizenship: _____

Residence (City, State, Country): _____

Post Office Address: _____